



Insights Into Treatment Pathways of Hodgkin Lymphoma

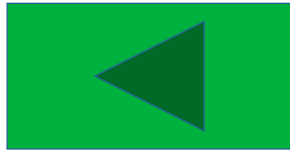
Thursday, October 14, 2021

Virtual Program

How to Navigate This Report



Click to move to topic of interest or ARS supporting data



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Topic

Report Objectives



Report Snapshot

- Session overview
- Attendee overview
- Agenda



Topline Takeaways and Strategic Recommendations



Key Insights and Discussion Summary

- First-line treatment of Hodgkin lymphoma
 - Key insights
 - Discussion overview



Advisor Key Takeaways



ARS Data



STUDY OBJECTIVES

Gain perspectives of oncologists in the US Oncology Network on the management of classical Hodgkin lymphoma (cHL) with regard to clinical and nonclinical factors impacting treatment selection

Report Snapshot: Session Overview



A moderated roundtable discussion with oncologists from Rocky Mountain Cancer Centers was held virtually on **October 14, 2021**

Disease state and data presentations were led by **John M. Burke, MD**, from Rocky Mountain Cancer Centers, in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on **treatment selection in the management of classical Hodgkin lymphoma**

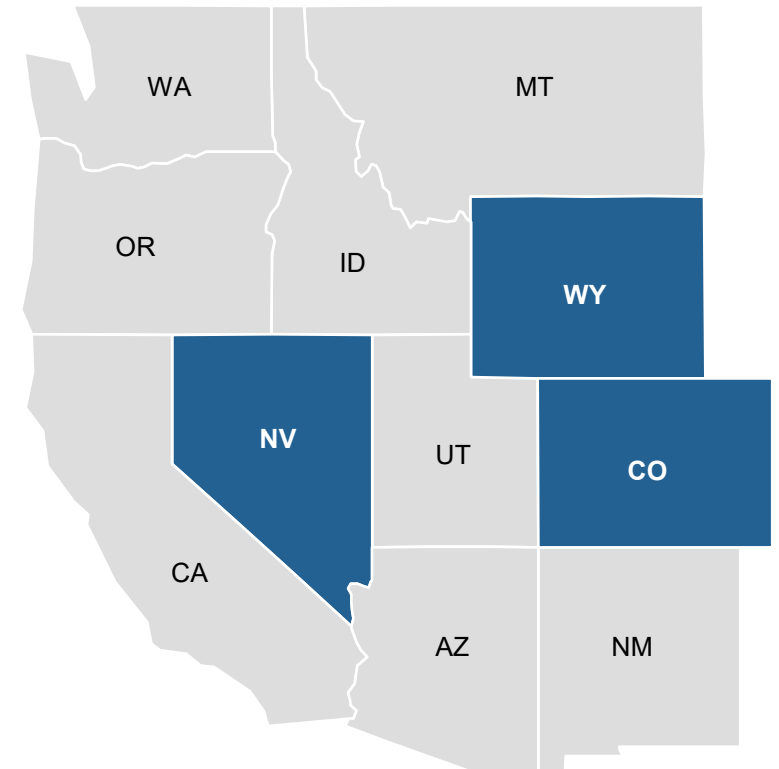
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview



- > The group of advisors comprised 11 oncologists
 - Attendees of the roundtable represented US Oncology centers in Colorado, Nevada, and Wyoming

INSTITUTION	NUMBER OF ATTENDEES	CITY	STATE
Rocky Mountain Cancer Centers	6	Denver	CO
Comprehensive Cancer Centers of Nevada	4	Las Vegas	NV
Rocky Mountain Cancer Centers	1	Casper	WY



Report Snapshot: Agenda



Time (MT)	Topic
6.00 PM – 6.15 PM	Introduction and ARS Questions <ul style="list-style-type: none">• Program overview• ARS questions
6.15 PM – 7.50 PM	First-Line Treatment of Hodgkin Lymphoma <ul style="list-style-type: none">• ARS questions• Overview of current data• Reaction and discussion
7.50 PM – 8.00 PM	Key Takeaways and Meeting Evaluation



Key Insights and Discussion Summary

INSIGHTS

"I utilized BV-AVD for an older frailer woman for whom I am treating Hodgkin lymphoma, and we had a discussion

1. Treatment success in frontline (2022)

The overall survival benefit was not clear. This is not necessarily because there is no benefit, but it may be because of the small number of patients in the older population. I would prefer to see a head-to-head comparison with ABVD or BV-AVD, and I would like to see the overall survival rate at 5 years. I believe that there is a significant benefit to BV-AVD, and I would like to see something like that.

2. Data needed to confirm front-line (2022)

What are all the things that have been done, including a better than ABVD and BV-AVD. It would be nice to see a head-to-head comparison for the older population. I would like to see a head-to-head comparison of BV-AVD and ABVD, and I would like to see something like that. I would like to see something like that, and I would like to see something like that. I would like to see something like that, and I would like to see something like that. I would like to see something like that, and I would like to see something like that. I would like to see something like that, and I would like to see something like that.



Advisor Key Takeaways

Advisor Key Takeaways



ADVISOR	ADVISOR
<ul style="list-style-type: none"> > Use interim PET scans more often and earlier <ul style="list-style-type: none"> There is a better understanding of sequencing therapy Really want to talk to the oncologist and understand how to use a better understanding of these drugs and have a better idea of when to use them in my practice 	<ul style="list-style-type: none"> > Adherence to NCCN guidelines <ul style="list-style-type: none"> Use of PET-adapted treatment <ul style="list-style-type: none"> The recommendations address the need to have different options besides T-DM1 and anti-CD20 going to CDK7
<ul style="list-style-type: none"> There is a better understanding of some of my clinical options It's particularly important in the adjuvant and how the data and how would be interpreted in a randomized setting for my own clinical practice There is a lot more confidence in targeted therapy and to bring the oncologist that may offer some side effects 	<ul style="list-style-type: none"> It's hoping that some of these immunotherapy agents will get added into practice and hopefully improve the outcomes
<ul style="list-style-type: none"> It was good to hear about innovations and already moving down the pipeline for immunotherapy 	<ul style="list-style-type: none"> It's interesting to learn about all these immunotherapy treatments, specifically the approvals available A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs
<ul style="list-style-type: none"> There is a lot of good options for second line that just CDK7 and treatment with several side effect profile and good response rate Sequencing is an issue 	<ul style="list-style-type: none"> CDK7 is not the standard

Advisor Key Takeaways



ADVISOR	ADVISOR
<ul style="list-style-type: none"> There is a better understanding of sequencing therapy Really want to talk further with oncologists and understand how we can have a better understanding of these drugs and have a better idea of when to use them in the practice 	<ul style="list-style-type: none"> Hodgkin lymphoma patients will live longer with novel
<ul style="list-style-type: none"> There is a better understanding of some of the newer agents It's particularly important in the adjuvant and how that will and how we can be prepared for a second-line option for my own clinical practice There's a lot more attention to targeted therapy and to things like immunotherapy that may offer some side effects 	<ul style="list-style-type: none"> The immunotherapy options are not as many different options as we've seen in the past It's hoping that some of these immunotherapy agents will get added into frontline and hopefully improve the outcomes
<ul style="list-style-type: none"> It was good to hear about innovations and what's coming down the pipeline for immunotherapy 	<ul style="list-style-type: none"> It's interesting to learn about all these immunotherapy treatments, especially the targeted antibodies A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs
<ul style="list-style-type: none"> There's a lot of good options for second-line that just look like first-line management with decent side effect profile and good response rates Sequencing is an issue 	<ul style="list-style-type: none"> Not a concern in the immediate



ARS Data

Fifty-Five Percent of Advisors Manage Between 4–15 Hodgkin Lymphoma Patients

How many unique patients with HL are you currently following? (N = 9*)

FOR EXAMPLE PURPOSES ONLY

For 66% of Advisors, at Least 40% of Their Hodgkin Lymphoma Patients Have Stage III–IV Disease

FOR EXAMPLE PURPOSES ONLY

The Majority of Advisors (63%) Equally Consider Age, Comorbidities, IPS Score, and Risk Factors When Selecting Primary Systemic Therapy

FOR EXAMPLE PURPOSES ONLY

*Three advisors did not respond.

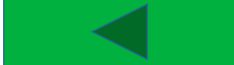


ABVD ± ISRT Is the Most Commonly Used Primary Systemic Therapy (67%), Followed by Brentuximab Vedotin + AVD (33%)

Which of the following is your most commonly used primary systemic regimen for

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



More Than Half of the Advisors (60%) Have Treated at Least 1 Patient With Brentuximab Vedotin (+ AVD) in the Past Year

How many patients with HL have you treated with brentuximab vedotin (+ AVD) for frontline

FOR EXAMPLE PURPOSES ONLY

Sixty Percent of Advisors Reported That Frontline Therapy Fails for >10% of Their cHL Patients



FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.



> A 40-year-old woman presents with the following: left hip pain, history

...

For a 40-Year-Old Female Patient With Stage IV, IPS 2 Hodgkin Lymphoma, ABVD for 2 Cycles Followed by Restaging With PET/CT Is the Most Common Systemic Therapy Approach

FOR EXAMPLE PURPOSES ONLY

Following ABVD for 2 Cycles and a Restaging PET/CT That Shows Deauville 4, 45% of Advisors Would Escalate BEACOPP for 2 Cycles and Perform Restaging

FOR EXAMPLE PURPOSES ONLY

On a Scale of 1–5, Where 5 Is Very High and 1 Is Very Low, Advisors Averaged 3.45 on Knowledgeability of Their Practices' cHL Prescribing Pathways

FOR EXAMPLE PURPOSES ONLY

On a Scale of 1–5, Where 5 Is Very High and 1 Is Very Low, Advisors Averaged 2.64 on the Time Consumption to Work Through Pathway Exceptions

FOR EXAMPLE PURPOSES ONLY

Most Advisors (91%) Have Not Had to Alter Their Preferred Treatment Choice Because of Pathways Challenges

FOR EXAMPLE PURPOSES ONLY

Forty-Five Percent of Advisors Indicated They Do Not Have a Strong Preference Between ABVD, PET-Adaptive ABVD, and Brentuximab Vedotin + AVD

FOR EXAMPLE PURPOSES ONLY